

Blood-Stream Infection (CDC)

From: DALE NEULS, PharmD [dalen@pecrx.com]
Sent: Wednesday, November 11, 2009 5:31 PM
To: Blood-Stream Infection (CDC)
Subject: Comments regarding catheter Guidelines

Review of Draft document "Guidelines for the Prevention of Intravascular Catheter-related Infections."
 Comments:

Line 393: regarding use of antimicrobial soap does not seem to be consistent with the practice of appropriately timed and thorough hand washing. i.e Good handwashing with "regular soap" vs. poor handwashing with antimicrobial soap.

Line 483: Use of Biopatch (chlorhexidine patch) in institutional setting does not give us guidelines in the outpatient setting (i.e. in Home Health Care.) Problem is that these are expensive and are not paid for by most insurance companies. Some guidance on long term catheters would be good. My review of the manufacturer's sponsored data only showed that there was a benefit for routine use in the pediatric ICU. This does not necessarily translate to outpatient use.

Line 1044/1045: Change intravenous administration tubing *no more frequently* than 96 hrs implies that it should not be changed more frequently due to infection control purposes. It should probably say something like "change *at least* every 96 hrs."

Line 1075: regarding wipe access port with (chlorhexidine preferred) ... (Cat 1A.) Please elucidate if the chlorhexidine is the Cat 1A recommendation. I don't know of any product that could cost effectively be used for this purpose with chlorhexidine in it, especially if you use the routine "swab" pad, similar to alcohol pads, that are widely and cheaply available. Also, USP wants these to be "sterile"

Line 1150: Regarding multiple dose vial use. USP recommends that they not be used any longer than 28 days. It would be good that you include that. Some products have no recommendation by the manufacturer, so you would then defer to USP standards. For instance most insulin does not have a manufacturer's recommendation.

Line 1622: Do not combine the leftovers of single dose vials for later use. Include MDV in this statement too.

I work in home health care so we deal with long term, indwelling IV catheters a lot. It would be nice if you could specifically address outpatient setting for catheter maintenance too. Keep in mind that COST EFFECTIVENESS is important. It is nice for you to address issues in the hospital where payment is based upon different criteria than outpatient. How can you recommend something, when it is not commercially available (i.e. chlorhexidine swab for injection port access).

Thank you

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